## DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH CHILD CARE FACILITY INSPECTION PEROPT

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REASON (			GRADE	Inspection Date:	ESTABLISHMENT NAME:	15.		
Regular		7		8/6/19	TENDER SHEPHERD PRES	CAUDL/ CHILL	CAME CENTA	
Follow-Up			$\mathcal{O}$	Time In/Out:	IOWNER/OPERATOR:			
Complain	t	$\Box$		11:10am 12:00pm	LUTHERAN CHURCH OF C	OUALI	- <u></u>	
Investigat	ion		RATING	(be)	4 MAAAAAA	lishment Type:		
Other:			A	Sanitary Permit No.:		c/ NUNSI	ery	
	L			20000 M0000547			Expired	
No. of Children: 4 Male 15 Female 4 Total					Child Care License: No.: 170163 / Walid / / Provisional / / Expired			
The following items identify violations found this day in the operations and facilities which must be corrected by the next								
inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.								
ITEM*			<u> </u>		ARKS		CORRECT BY	
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	11 01 01 01 01							
	PRIEVIOUS INSPECTION CONDUTED ON 5/9/19							
	(2/A)							
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	THE IGULOWING WAS OBSERVIED:							
	THE PHONOLOGY WAS USSIGNATED,							
	PREVIOUS VIOLATION BAS DEEN CORPIECTED							
	MD	Α/	Maria	/ LOLATIONS				
	7 0	10		1 LULITURE		<del></del>		
	6 II							
A" PLACARD No. 02794 155VED						ı		
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have read and understand the above violation(s) and I am aware of the corrective measures to be taken.								
*Note: When any of the following items are cited above, they shall be corrected within								
(2), (4), (6)	10 days of this inspection: (2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).  DEH Inspector (Name & Title):  (2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).							

Rev: 08/2/05